

2005-2006 Kansas Organic Certification Cost Share Program Application

Contact Name _____

Business/Farm Name _____

Mailing Address _____

Telephone _____

E-mail Address _____

May we distribute your contact information on a list of organic producers? Yes _____ No _____

What crop or livestock do you produce organically? _____

Date of Certification/Recertification
(between October 1, 2004 and September 30, 2006.) _____

Name of Certifying Agent _____

Total Amount Paid for Certification _____

Please enclose the following documents. This application form cannot be processed without these documents.

- 1) Copy of certificate or continuation of certification document, with effective date.
- 2) Copy of invoice itemizing certification costs.

Return this form with documents above to:

***Organic Certification Cost Share
Kansas Department of Agriculture
109 SW 9th Street, 4th Floor
Topeka, KS 66612-1280
Phone: (785) 296-3556***

Please Complete:

Important Check Information

SS# or FEIN Number _____
(required)

Payable to: _____

Mailing Address: _____

City, state & zip: _____

Date: _____

KDA USE ONLY

Approved by: _____

Amount: _____